

FBI CRIMINAL RECORDS

How to Request a Criminal Record:

1. Complete cover letter.(Available at the Consular Section)
 - ☐ If for a couple, family, etc., all persons must sign cover letter;
 - ☐ Include your complete mailing address;
 - ☐ If you have a deadline (e.g., an immigration deadline), please include the deadline in your cover and on the outside of the envelope;
2. Obtain proof of identity, which consists of a set of your fingerprints (original card, no copies), with your name, date of birth and place of birth. Fingerprints should be placed on a standard fingerprint form (FD-258)

Applicants must obtain the FD-258 at the consular section and head to PIC with the amount of 500 meticaís for fingerprints.

- ☐ Include rolled impression of all ten fingerprints and impressions of all ten fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions.)
 - ☐ Previously processed fingerprint cards will not be accepted
3. Include \$18 – U.S. dollars in the form of money order, certified check made payable to the Treasury of the United States, or you may pay by credit card.
 - ☐ Be sure to sign where required
 - ☐ No personal checks of cash
 - ☐ Must be the exact amount
 - ☐ If for a couple, family, etc., include \$18 for each person
 - ☐ If paying by credit card you must include the completed credit card payment form
 - ☐ Credit cards will not be used for expedited mail services
 4. Mail the items #1, #2 and #3 (listed above) the following address:

FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

PIC- Policia de Investigaçao Criminal is located at Rua John Issa, 33 in Maputo

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name _____ *First Name _____
 Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident:
 Yes ☐ No ☐

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____

*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

*Hair (please check appropriate box):

☐ Bald ☐ Black ☐ Blonde/Strawberry ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Orange ☐ Pink
☐ Purple ☐ Red/Auburn ☐ Sandy ☐ Unknown ☐ White

*Eyes (please check appropriate box):

☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Multicolored ☐ Pink ☐ Unknown

Applicant Home Address

*Address _____

*City _____ *State _____

*Postal (Zip) Code _____ *Country _____

Phone Number _____ E-Mail _____

Mail Results to Address

C/O _____ ATTN _____

Address _____

City _____ State _____

Postal (Zip) Code _____ Country _____

Phone Number (if different from above) _____

Payment Enclosed: (please check appropriate box)

☐ CERTIFIED CHECK

☐ MONEY ORDER

☐ CREDIT CARD FORM

Reason for Request:

☐ Personal review

☐ Challenge information on your record

☐ Adoption of a child in the U.S.

☐ International adoption

☐ Live, work, or travel in a foreign country

☐ Other

* **APPLICANT SIGNATURE** _____ **DATE** _____

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

*You may request a copy of your own Identity History Summary to review it
 or obtain a change, correction, or an update to the summary.*

CREDIT CARD PAYMENT FORM

General Information: Complete the fields below and sign the authorization. (*Denotes Required Fields)
The Federal Bureau of Investigation (FBI) cannot process credit card payments without an authorized signature. Failure to provide the requested information may result in the FBI and your financial institution not accepting the payment. (Refer to reverse side of form for applicable **Privacy Act** and **Paperwork Reduction Act** statements as related to this form.)

Applicant Name

* Name

(AS IT APPEARS ON CREDIT CARD)

Company Name (if applicable)

* Billing Address

Billing Address 2

* City

* State/Province

* Postal (zip) Code

* Country

*Credit Card #:																			
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*Expiration Date (MM/YYYY)

* Security Code:

*Total Amount To Be Billed To Credit Card \$

(____x \$18 US Dollars Per Request)

*Card Holder Signature

**NO CHARGE BACKS OR REFUNDS
ALL SALES FINAL**

Privacy Act Statement:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information as disclosed on the respective Applicant Information form, I-783, is generally authorized under 28 U.S.C. 534. In accordance with this order, the FBI will release to the subjects of identification records copies of such records upon submission of a written request, satisfactory proof of identity of the person whose identification record is requested and a processing fee. Providing the associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Title 28 CFR Part 16, Subpart C the *Production of FBI Identification Records in Response to Written Requests by Subjects Thereof* contains the regulations of the FBI concerning procedures to be followed when the subject of an Identification Record requests production of that record to review it or to obtain a change, correction, or updating of that record. By order dated September 24, 1973, the Attorney General of the United States directed that the FBI, publish rules for the dissemination of arrest and conviction records to the subjects of such records upon request. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Paperwork Reduction Act Statement:

This notice is given under the Paperwork Reduction Act of 1995. The Paperwork Reduction Act requires that the Federal Bureau of Investigation inform individuals and other entities of the following when asking for information. The information on this form will be utilized to make an electronic credit card payment in Pay.gov, which is owned and operated by the Department of Treasury, for the biometric and Identity History Services utilized to complete the request made on the respective Applicant Information form, I-783. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each Identification Record requested.

The estimate average burden associated with this collection is 2 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.